

DEFENDANT'S EXHIBIT

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PLAINTIFFS TRIAL  
EXHIBIT

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- Dispense the medication only after the patient has given a credible explanation of any discrepancy.
- Request proper identification any time you are in doubt.
- If you believe that you have a forged, altered or counterfeit prescription, do not dispense it. Call your local police department.

- Diverters presents prescriptions for multiple drugs with abuse liability with conflicting actions, such as CNS depressants and psychostimulants.
- Diverters presents prescriptions written in names of other people.
- A number of people, especially strangers, appear within a short time bearing similar prescriptions from the same physician.

#### Preventing Diversion.

- Encourage physicians to use tamper-resistant prescription pads; they can't be photocopied.
- Suggest to physicians that they write the quantity and strength of drugs on prescriptions in both numbers and letters – like the way they write their checks!
- Discuss diversion problems with other pharmacists and physicians in your community.
- Know the prescriber, his/her signature, and DEA registration number.
- Know your patient and know his/her medication history.
- Scrutinize the prescription as described above.

- **Call the prescriber, using the telephone book or your record of their telephone number** (not the number on the prescription), for verification or clarification if there is a question concerning any aspect of the prescription.

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CIVIL ACTION NO. 07-CI-OI 303 (PIKE COUNTY CIRCUIT COURT)

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**HOW TO STOP  
DRUG DIVERSION  
& PROTECT  
YOUR PHARMACY**

Presented as an educational service by  
Purdue Pharma L.P.,  
Stamford, CT 06901-3431

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## HOW TO STOP DRUG DIVERSION & PROTECT YOUR PHARMACY

**T**his guide summarizes tips from the U.S. Drug Enforcement Administration (DEA) and other sources designed to ensure that prescription drugs continue to be available where medically indicated, while preventing their diversion into the illicit market.

As the DEA states, it is not their role "to reduce or deny the use of controlled substances where medically indicated." Nevertheless, according to the DEA, the pharmacist has a personal responsibility to protect his/her practice from becoming an easy target for drug diversion. "The dispensing pharmacist must maintain constant vigilance against forged or altered prescriptions."

### 1 Scrutinize Prescriptions.

- Does it look "too good"? Is the writing too legible?
- Is it a photocopy?
  - Prescriptions from pads generally have some residual adhesive along one edge – photocopies do not.
  - Printed prescription blanks have sharply defined corners that are square – often photocopies are trimmed from larger sheets of paper.
  - Prescription pads generally are made from

a different weight of paper than that used in photocopy machines.

– With handwritten prescriptions, the ink from the preprinted information and the handwritten information are generally slightly different colors – in photocopies, they are the same color.

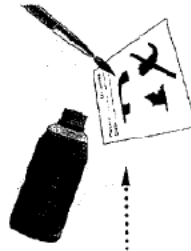


– With handwritten prescriptions, you can often see the indentations in the paper from the prescriber's writing – with photocopied prescriptions, there is no indentation and often the ink appears slightly raised.

- Was it written in more than one color ink?
- Was it written entirely by the same hand?
- Do quantities, directions or dosage differ from usual medical usage or practice?
- Are the directions written in full with no abbreviations?
- Does it have acceptable standard abbreviations?
- Check the date. Has it been presented to you in a reasonable length of time since the prescriber wrote it?
- Does the prescription look as though it has been wet? (See description of "rinsing" below.)

### 2 Types of Fraudulent Prescriptions.

- Diverters steal prescription pads from doctors' offices and writes prescriptions for fictitious patients.
- Diverters alters a prescription to obtain larger quantities of drugs; for example, diverter changes the number 10 to become 40, 70 or 100.
- Diverters changes telephone number on legitimate pads so an accomplice can "verify" the fraudulent prescription when you call.
- Diverters calls in prescription and gives his/her own telephone number for the call-back confirmation.
- Diverters uses computer and/or copier to create prescription pads for nonexistent doctors or to copy legitimate doctors' prescriptions.
- Diverters "rinses" the prescription blank with acetone (nail polish remover) to remove the original writing for a noncontrolled substance (e.g., an antibiotic) and writes for a controlled substance.



### 3 Patterns of Possible Diversion.

- Prescriber writes unexpectedly large quantities.
- Diverters returns too frequently, refilling the same prescription on a weekly or even a daily basis.

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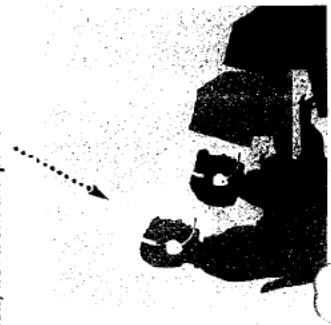
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- States that specific nonopioid analgesics do not work or that he/she is allergic to them.

### 3 Stick to Your Principles.

- Obtain a complete history and perform a thorough physical examination appropriate to the complaint.
- Some diverters are also abusers and are diverting to support their untreated addiction. Look for signs of drug abuse: inflamed nares, perforated nasal septum, skin tracks (often multiple, linear, occasionally hyperpigmented lesions on arms, wrists, axillae, neck, between toes, ankles, groin). Subcutaneous route of abuse ("popping") often leaves larger round or irregular scars.
- Document results of exam and the questions you asked.
- Request photo (or other) I.D. and Social Security number; photocopy documents and file them in patient's record.
- Call previous practitioners, pharmacists or hospitals to confirm patient's story: **get the telephone numbers from directory information, not from the patient.**



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- Schedule diagnostic tests appropriate to the complaint.
- Stick to your own principles about prescribing medication in the absence of a formal physician-patient relationship.
- Obtain photo I.D. from anyone picking up a prescription for someone else.
- If you suspect an attempt to divert prescription medications, call your local police department.

## HOW TO STOP DRUG DIVERSION & PROTECT YOUR PRACTICE

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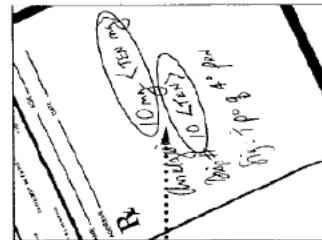
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## HOW TO STOP DRUG DIVERSION & PROTECT YOUR PRACTICE

**T**his guide summarizes tips from the U.S. Drug Enforcement Administration (DEA) and other sources designed to ensure that prescription analgesics and anxiolytics continue to be available where medically indicated, while preventing their diversion into the illicit market. As the DEA states, "You have a professional responsibility to prescribe controlled substances appropriately, guarding against abuse while ensuring that your patients have medication available when they need it."

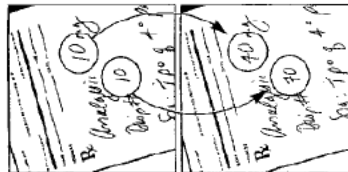
### 1 Protect Your Prescriptions.

- Keep tight control on all prescription pads; consider keeping them locked up. Guard them like your credit cards. Keep them in your pocket, not in the examination room.
- Never sign an incomplete prescription blank.
- Use tamper-resistant prescription pads; they can't be photocopied.
- Write the quantity and strength of drugs on your prescriptions in both numbers and letters – like the way you write your checks!



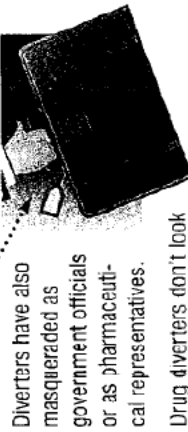
(The number 10 can easily be altered to 40, 70 or 100.)

- Write on the prescription the name of pharmacy where the patient wants to have it filled.
- Consider faxing the prescription to the pharmacy for later comparison and authentication by the pharmacist.
- Do not print your medical license number on the pad – write it in when you write a prescription.



### 2 Be Wary of Strangers.

The drug diverter may be another practitioner, friend, or relative, but more likely he/she claims to be traveling through town, or visiting friends/relatives. Many tell elaborate stories, "Doctor, you're not going to believe this, but ..."



Diverters have also masqueraded as government officials or as pharmaceutical representatives.

- Drug diverters don't look alike, but they often exhibit similar behavior in order to obtain prescriptions that they can alter or photocopy. Look for any of the following clues:
- Wants an appointment toward end of office hours; or telephones/arrives after regular hours.
- Insists on being seen immediately and/or demands immediate action. Says he/she is in

a hurry to catch a plane, keep an important appointment, etc.

- Not interested in having a physical examination, giving permission to obtain past records, or undergoing diagnostic tests.
- Is extremely slovenly or is over-dressed.
- Unwilling/unable to give name of regular physician; often claims to have no health insurance.
- Unable to recall the hospital or clinic where past records are kept or states it went out of business or burned down.
- Claims to have lost prescription or forgotten to pack medication, or says that it was stolen.
- Exaggerates medical problems or feigns them.
  - To obtain analgesics, complains of abdominal or back pain, kidney stone, or migraine headache. Renal colic (may even prick finger to put blood in urine specimen), toothache, and tic douloureux are frequent complaints.
  - To obtain stimulants or depressants, claims anxiety, insomnia, fatigue or depression.
- Recites textbook symptoms or gives vague medical history.
- Has no interest in diagnosis or a referral; wants prescription now.
- Shows an unusual knowledge of controlled substances.
- Requests a specific controlled drug and is unwilling to try another medication.

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Number of pages including this page: 6

Subject: Diversion information

Per your request, attached are copies of the two diversion booklets, we wrote, produced, and mailed to over 500,000 doctors and pharmacists this spring, "HOW TO STOP DRUG DIVERSION AND PROTECT YOUR PRACTICE", and "HOW TO STOP DRUG DIVERSION AND PROTECT YOUR PHARMACY". Also included is the article on DAN PELITTERI, who might be a good patient advocate in your area. His phone # is 540.345.9286.

- Robin Hogen

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